FILED
STATEMENT OF ORGANIZATION JUN 0 3 2015
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES SECRETARY OF STATE
(See Reverse Side For Instructions)
This is an (check one) Party Committee Political Action Committee This is an (check one) Initial Statement Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name Democratic Legisletive Victory Fund - 3rd District Mailing Address (Street, City, State, Zip Code) Business Telephone 700 SW Tackson Street Ste 40H Topake KS 66603 (785) 234-0425
CHAIRPERSON
Name Home Telephone Law Meeker ()
Mailing Address (Street, City, State, Zip Code) Business Telephone
TREASURER
Name Home Telephone Tobia Schlingen Siepen ()
Mailing Address (Street, City, State, Zip Code) Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Konga Democratic Part
Mailing Address (Street, City, State, Zip Code) 700 Sal Jackson Street Ste 404 Toroka 1/3 CCC05
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class a misdemeanor." (Date) (Signature of Chairperson)
(Date) (Signature of Chairperson) Governmental Ethics Commission Rev.2000

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This is an (check one) Initial Statement Amended Statement	ni erenani
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Legislative Victory Fund - 3rd District	•
Mailing Address (Street, City, State, Zip Code) PO Box 1914 Topeka, KS 66044 Business Telephone (785) 234-0425	
CHAIRPERSON	
Name Home Telephone Joan Wagnon (785) 286-3254	
Mailing Address (Street, City, State, Zip Code) Business Telephone 4036 NE Kimbal Rd, Topeka, KS 66617-1567 (785) 234-0425	
TREASURER	•
Name Home Telephone Matt Watkins (913) 908-9447	
Mailing Address (Street, City, State, Zip Code) Business Telephone 11130 Whispering Ln, Kansas City, KS 66109-4265 (785) 235-0425	
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name	,
Mailing Address (Street, City, State, Zip Code)	
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(Date) (Signature of Chairperson)	
Governmental Ethics Commission (Signature of Champerson) Rev.2000	